

PAGE	1	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION		FEC IDENTIFICATION NUMBER ▼ C C00526673	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM / DD / YYYY"/>	

Full Name of Payee WORK FOR PROGRESS		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 1543 WAZEE STREET STE 440		Amount 174110.00	
City DENVER	State CO	Zip Code 80202	Transaction ID : SE.5485 Date of Disbursement or Obligation MM / DD / YYYY 08 / 29 / 2016
Purpose of Expenditure DOOR TO DOOR VOTER CONTACT		Category/ Type 004	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought		287960.67	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►

Full Name of Payee WORK FOR PROGRESS		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 1543 WAZEE STREET STE 440		Amount 70265.00	
City DENVER	State CO	Zip Code 80202	Transaction ID : SE.5489 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure DOOR TO DOOR VOTER CONTACT	Category/ Type 004		
Name of Federal Candidate MICHAEL F BENNET	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: _____ State: CO
Calendar Year-To-Date Per Election for Office Sought	117094.33	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	244375.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wendy Wendlandt

[Electronically Filed]

Date _____

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION	FEC IDENTIFICATION NUMBER ▼ C C00526673
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee WORK FOR PROGRESS			Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 1543 WAZEE STREET STE 440			Amount 8625.00	
City DENVER	State CO	Zip Code 80202	Transaction ID : SE.5491	
Purpose of Expenditure DOOR TO DOOR VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 29 / 2016	
Name of Federal Candidate DONALD J. TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		296585.67	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address			Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure		Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8625.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	253000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wendy Wendlandt

[Electronically Filed]

Date

MM / DD / YYYY
08 / 31 / 2016

Signature